24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Unlocking Potential PAC	C C00564534
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination
Mailing Address 95 EDDY ROAD SUITE 101	10 10 2014
	Amount
City State Zip Code	39187.50
MANCHESTER NH 03102	Transaction ID : SE24-981 Date of Disbursement or Obligation
Purpose of Expenditure PRINTING/POSTAGE Category/ Type	10 10 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
JEANNE SHAHEEN Oppose	President State: NH State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
Tel Ziociteli ioi Ciliso Sougrit	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	39187.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	39187.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	